

**Application to Register For**

Income Tax Withholding and Sales and Use Tax Permit

**(Check both if applicable)**

- ☐ Withholding Tax  
☐ Sales and Use Tax

**Application Purpose**

- ☐ New Business  
☐ Change in Ownership  
☐ Additional Location

**FOR OFFICE USE ONLY**

S/U       -    
W/H         -

1. Taxpayer Legal Name (Please Print)	2. Business Phone	3. Federal Employer I.D. Number (FEIN)	
4. Taxpayer Mailing Address	City	State	Zip Code

5. Doing Business As Name (Please Print)	6. Business Phone		
7. Doing Business As Address	City	State	Zip Code
8. Business Street Address	City	State	Zip Code

**If returns should be mailed to a different address, indicate below or skip to next section.**

9. Name of Sales Tax Return Preparer (Please Print)	10. Business Phone	
11. Address of Preparer (Street or PO Box, City)	State	Zip Code
12. Name of Withholding Tax Return Preparer (Please Print)	13. Business Phone	
14. Address of Preparer (Street or PO Box, City)	State	Zip Code

15. Organization Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Husband/Wife	<input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership	<input type="checkbox"/> LLC <input type="checkbox"/> LLP	<input type="checkbox"/> Corporation <input type="checkbox"/> Government
16. Enter NAICS Code if known _____				
17. Type of Business <input type="checkbox"/> Retailer <input type="checkbox"/> Manufacturer <input type="checkbox"/> Farm/Ranch <input type="checkbox"/> Wholesaler <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____				
18. Business Activity: List the principal products or activities of your firm. Following each item, list the percentage of sales value or receipts received from the product or activity; i.e., construction of homes 75%, retail sales of furniture 25%. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span>_____ %</span> <span>_____ %</span> </div>				

19. Name of Owners, Partners, Corporate Officers, Governors, Managers, or Members if member-controlled LLC (Attach additional sheets if needed.)					
Name	Address	Title	Home Phone	Soc. Sec. No.	% Owned



**Attention:** A Corporation, Limited Liability Company (LLC), Limited Partnership (LP) and Limited Liability Partnership (LLP) must answer questions 20, 21 and 22. Sole Proprietorship, Husband/Wife and General Partnership proceed to question 23.

North Dakota law provides that a foreign Corporation, LLC, LP and LLP may not transact business in this state or obtain any license or permit required by this state until it has procured a Certificate of Authority from the North Dakota Office of Secretary of State. Questions regarding this requirement should be directed to the Secretary of State's Office at 701-328-4284.

20. Enter the ID number from the Certificate of Authority assigned to your organization by the North Dakota Secretary of State

\_\_\_\_\_

21. Name of state under which the Corporation, LLC, LP or LLP is organized? \_\_\_\_\_

22. If registration with the Secretary of State's Office is not required, check here ☐

23. Beginning date of operations for ND sales/use tax \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

24. Beginning date of ND Income Tax Withholding \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

25. Complete if you acquired the business in whole or in part

a. Date of acquisition \_\_\_\_\_  
Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

b. Prior owner's business name and address \_\_\_\_\_

c. Prior owner's sales/use tax number \_\_\_\_\_ Is prior owner still in business? ☐ Yes ☐ No

26. Do you currently have or have you had a sales and use tax permit in North Dakota? ☐ Yes ☐ No Permit No. \_\_\_\_\_ ☐ No

27. Do you anticipate your monthly sales tax liability to be less than \$50.00? ☐ Yes ☐ No

28. Estimated number of employees in North Dakota and total wages paid for the current year.

Number of employees \_\_\_\_\_ Amount of wages \_\_\_\_\_

29. Is business seasonal or part time? ☐ Yes ☐ No If seasonal, give period of operation \_\_\_\_\_

If business is temporary, give approximate time period of business activity in North Dakota \_\_\_\_\_ through \_\_\_\_\_

30. Name of individual to contact for sales tax matters \_\_\_\_\_ Phone No.: \_\_\_\_\_

Name of individual to contact for withholding tax matters \_\_\_\_\_ Phone No.: \_\_\_\_\_

31. Application must be signed by authorized individual:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Authorized Individual)

Print name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone No: \_\_\_\_\_

I declare under the penalties of North Dakota Century Code ch. 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application, including any accompanying schedules and statements, has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.

### For Office Use Only

**Mail to:** Office of State Tax Commissioner  
Business Registration  
600 E. Boulevard Ave., Dept. 127  
Bismarck, ND 58505-0599

**Contact:** Phone: (701)328-3125 - Withholding  
Phone: (701)328-3474 - Sales  
Website: www.nd.gov/tax